

Division of Licensing and Protection
103 South Main Street
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 1, 2015

Taryn Austin, Administrator
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Austin:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 27, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Therapeutic Community Residences Licensing Regulations. There were no regulatory deficiencies as a result of this investigation.

Please sign and return the Survey Statement no later than **June 11, 2015**

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



Pamela Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/27/2015
NAME OF PROVIDER OR SUPPLIER MIDDLESEX THERAPEUTIC COMMUNITY RES			STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments An onsite complaint investigation was conducted for complaints # 13210, 13245, 13326 on 5/26/15 and 5/27/15 by the Division of Licensing and Protection. No regulatory violations were identified related to the complaints.		T 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE